Impact of Antimicrobial Stewardship Program

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Objectives

- Provide an overview on antimicrobial stewardship programs (ASP)
- Describe the antimicrobial stewardship program at Tampa General Hospital (TGH) and its progression
- List the strategies used to improve antimicrobial prescribing at TGH

Antimicrobial Stewardship Program

- Program to change and direct antimicrobial use at a healthcare institution
- Utilize a multidisciplinary team
- Goals:
 - Appropriate antimicrobial treatment
 - Optimize drug dosing and duration
 - Improve patient safety
 - Reduce antimicrobial resistance

Background

- Significant number of hospitalized patients receive anti-infective agents
- Decrease in anti-infective agent production
- Increase in antimicrobial resistance
 - MRSA
 - VRE
- Healthcare costs



Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America Guidelines for Developing an Institutional Program to Enhance Antimicrobial Stewardship

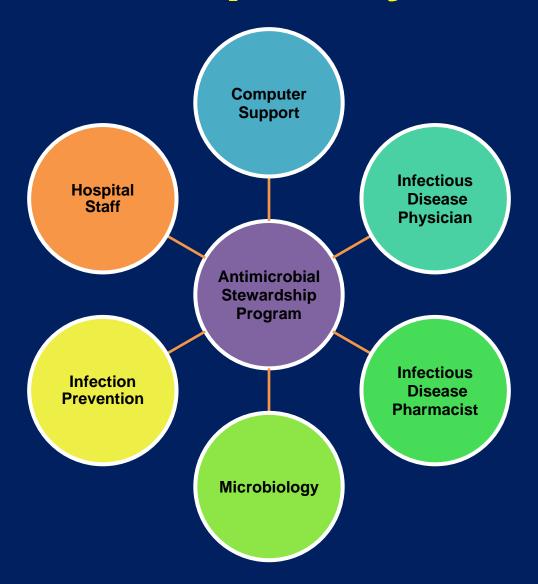
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Benefits of Antimicrobial Stewardship Program

- Improve patient care
- Impact antimicrobial resistance patterns
- Decrease the use of antimicrobial agents
 - \$200,000 \$900,000 annual savings in smaller community hospitals and larger academic hospitals

Multidisciplinary Team



Tampa General Hospital

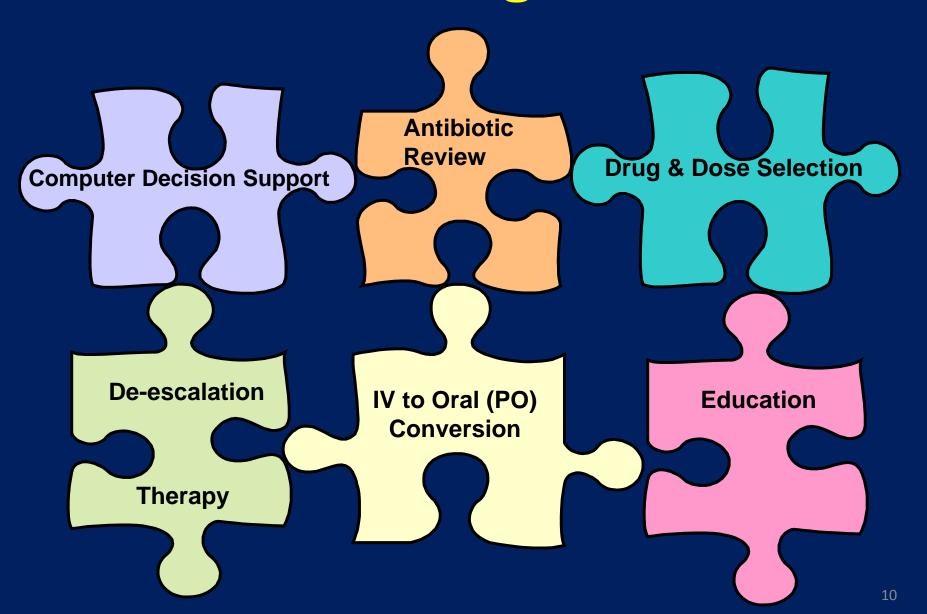
- 1,018 bed hospital
- Level I trauma center
- Anti-infective agents are commonly prescribed multiple infectious disease (ID) teams



Antimicrobial Stewardship Program (ASP)

- Initiated in 2010
- One ID physician and one ID pharmacist
- No restrictions of anti-infective agents
- Duplicate agents on formulary
- Approximately 60 percent of hospital received at least one anti-infective
- Paper chart system

Strategies



Year One

- Build relationships between providers and ASP team members
- Implement policies to optimize anti-infective therapy
 - IV to PO
 - Assist with OB/GYN with Group B Strep
 - Update order sets
- Utilize electronic clinical intervention surveillance system to create clinical alerts, blood culture lists, and vancomycin therapeutic drug monitoring lists

Year One

- Created the Antimicrobial Subcommittee
 - Comprised of various physicians, pharmacists, and other areas
 - Help to make decisions on formulary and policies related to anti-infective agents
 - Functions as a subcommittee to Pharmacy and Therapeutics committee

- Transition to an electronic medical record (EMR) system
- Educate pharmacy residents and ID fellows through lectures clinical interventions, and clinical rotations for pharmacy residents
- Develop business proposal to expand ID pharmacist staff

- Utilize EMR to support the Surgical Care Improvement Project (SCIP)
- Update EMR order sets
- Create ASP webpage
- Educate medical residents via grand rounds and presentations
- Build and strengthen relationships with the IT support to support EMR

- Increase ID pharmacist staff from one to two to support goals of ASP
- Include a requirement for an indication to be selected for targeted anti-infective agents upon EMR order entry
- Adjust EMR report to display the selected indication for each anti-infective to support optimal dosing

- Provide education to pharmacists regarding SCIP measures related to anti-infective agents for inpatient
- Use electronic surgery to gauge pharmacists' interest in various ID topics and determine topics of focus for the ASP
 - Development of clinical pathways
 - Education on antibiotic resistance
 - Overview of available antibiotics
 - HIV education
 - Developing a policy to standardize anti-infective dosing
 - Allowing pharmacists to make renal dose adjustments without contacting the ordering provider

- Develop an ID lecture series
- Adjust ASP strategy from utilizing medication lists to reviewing each patient receiving an anti-infective
- Add anti-infective columns in the EMR patient list view to show the antibiotic, anti-viral, and anti-fungal agents
- Implement weekly standing huddle with various pharmacists who round with medical teams

Year 5 to Current

- Integrating day time pharmacy staff into certain stewardship activities
- Introduce fecal microbiota transplantation (FMT) for certain *C. difficile* infected patients
- Restriction of certain agents by Infectious Diseases and/or ASP
- Updating metrics and developing an ASP/EMR workflow
- Collaborating with Intervention Radiology and Orthopedic Trauma

Elements for Success

- Effective communication
- Providing positive feedback to pharmacy staff members
- Respecting those who want to practice autonomy in their respective area

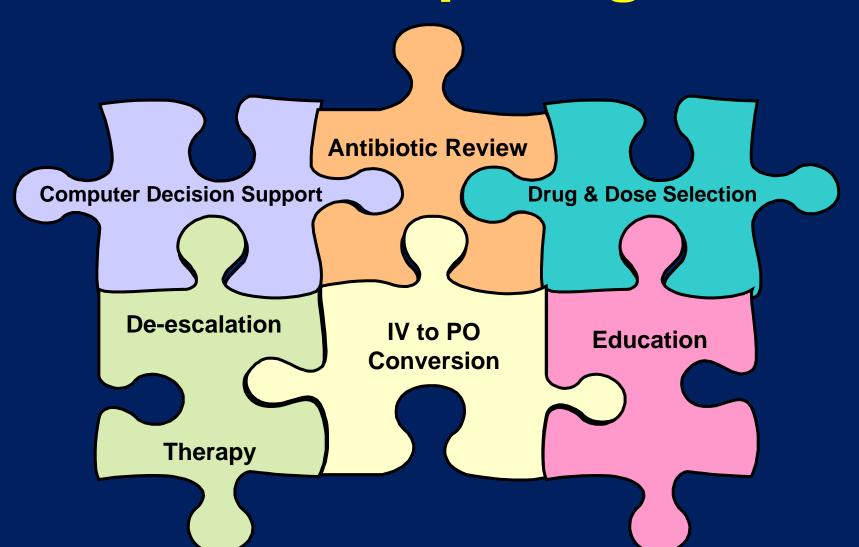
ASP and Microbiology

- Collaborate closely with Microbiology for trends and updating panels
- Antibiogram development
- Assist in evaluating certain patients to ensure optimal therapy
- Microbiology part of Antimicrobial Subcommittee

ASP and Infection Prevention

- Work closely to review certain patient cases to identify where anti-infective agents could have been optimized
- Communicate anti-infective shortages
- Part of infection prevention meetings

Impact of Antimicrobial Stewardship Program



Results

- Decrease anti-infective expenditure significantly
- Decrease anti-infective percentage from 60 percent to 55 percent despite increasing census per year
- Improved utilization with various agents such as daptomycin, linezolid, meropenem, micafungin, etc.

Barriers

- Changing the culture about anti-infective prescribing takes time
- Various types of providers at TGH
 - Academic and private
- Developing metrics to show the impact of ASP besides financial impact
- Need full-time IT support to help with EMR and ASP endeavors

Summary

- Customize ASP based upon your institution
 - Each institution may have different issues
- Involve key players that can help your stewardship program
- Identify how to develop metrics

